



Food and Nutrition Service

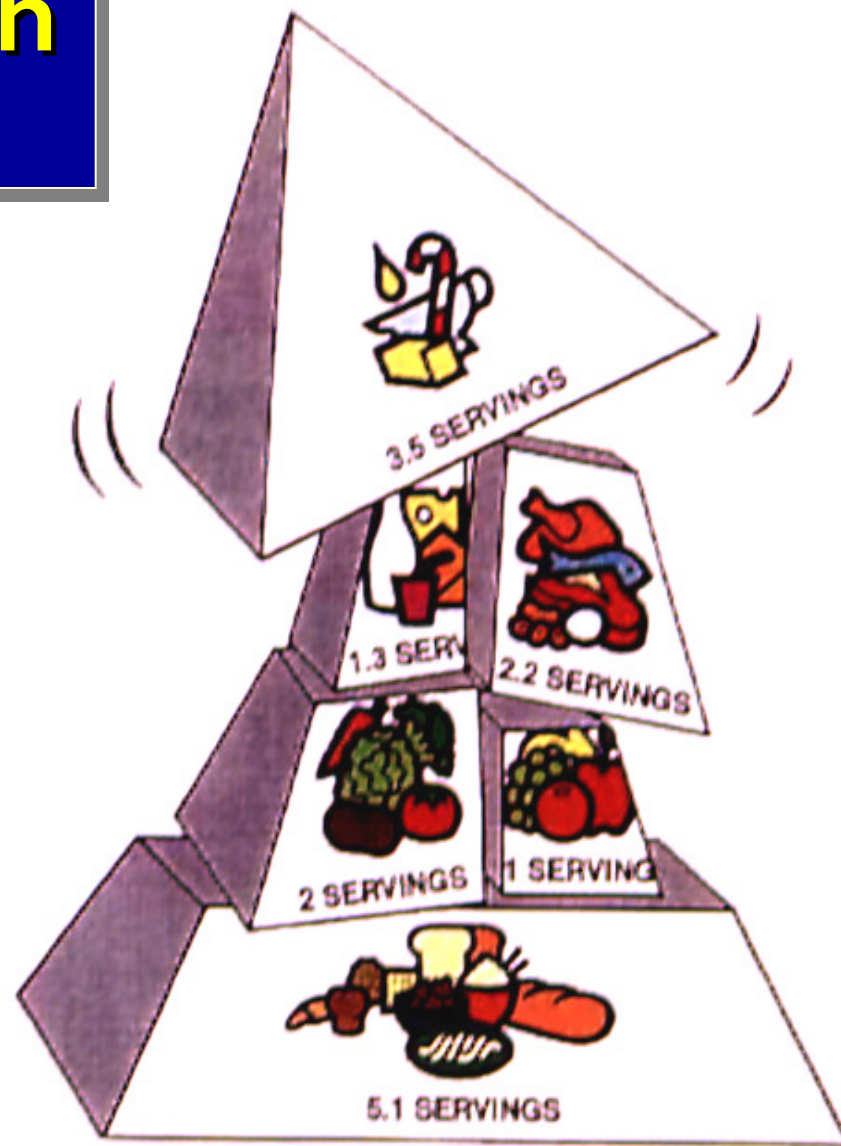
TEAM Nutrition

Healthy School Nutrition Environment Initiative

Team Nutrition Workshop - October 25, 2000



Actual Consumption Pyramid U.S. Total



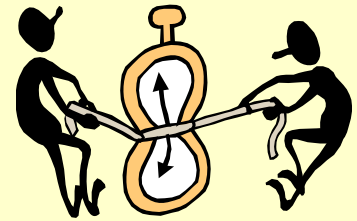
Shifts in Food Practices in the United States

- Use of the microwave
- Fast food consumption
- Consumption of soft drinks - increased from 27 to 44 gal/y from 1972-92
- 30,000 products in supermarkets (doubled since 1981)
- 12,000 new food products/year (doubled since 1986)



Shifts in the Eating Scene in Schools

- **Shorter lunch periods**
- **Block scheduling**
- **Increased a la carte offerings**
- **Higher fat foods moved from NSLP to a la carte**
- **More vending machines**
- **Exclusive beverage contracts**
- **More school stores and snacks**
- **Federal reimbursement rates/inflation**
- **Increase in indirect costs**



Alarming Trends

- **Diets are falling short of the mark**
- **Desirable physical activity levels are not being met**
- **Obesity rates are skyrocketing**
- **Adult diseases are showing up in children**



BRFSS, 1985

(*Approximately 30 pounds overweight)

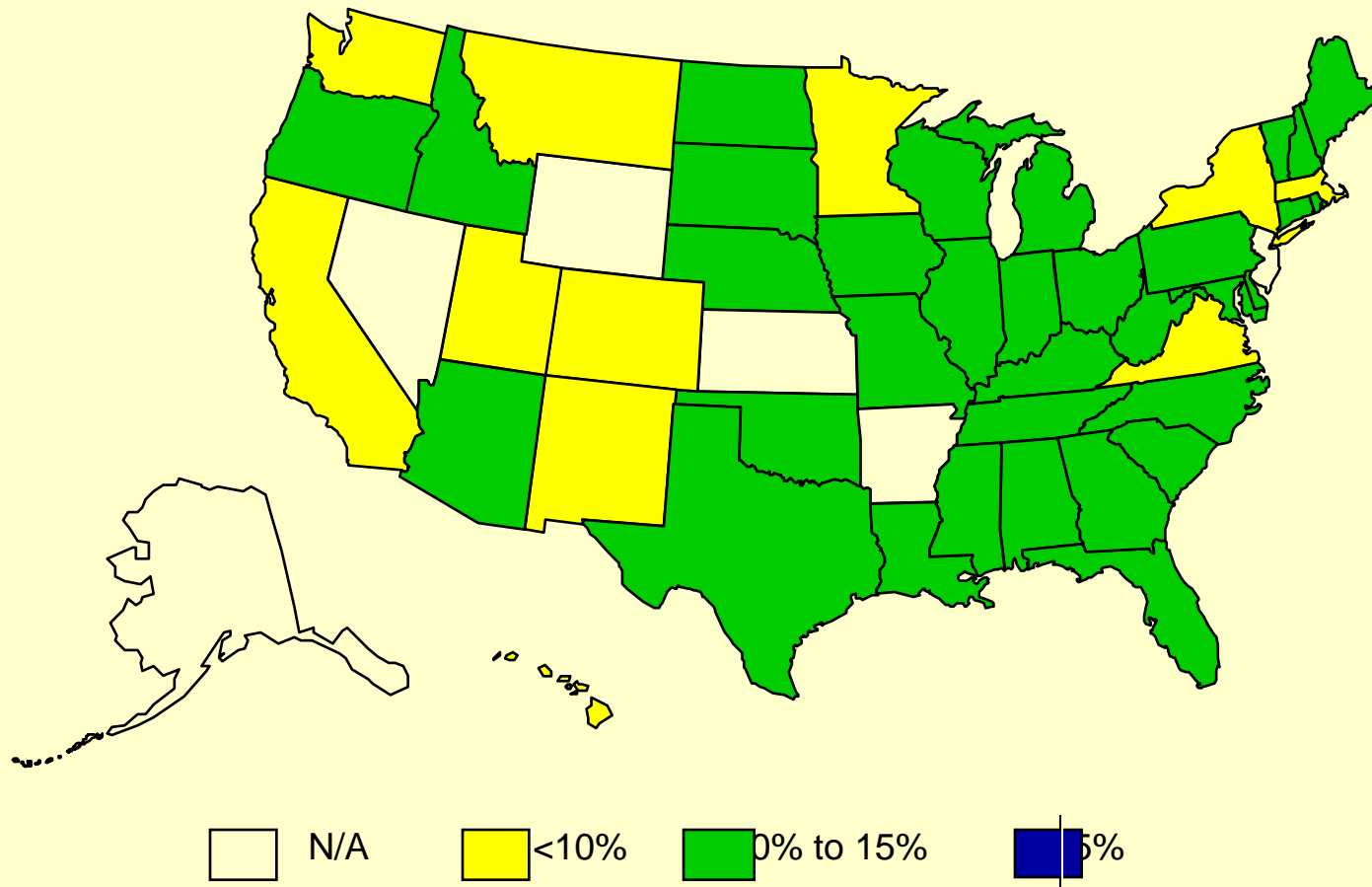


Source: Mokdad AH, et al. *J Am Med Assoc* 1999;282:16.

Prevalence of Obesity* Among U.S. Adults

BRFSS, 1990

(*Approximately 30 pounds overweight)

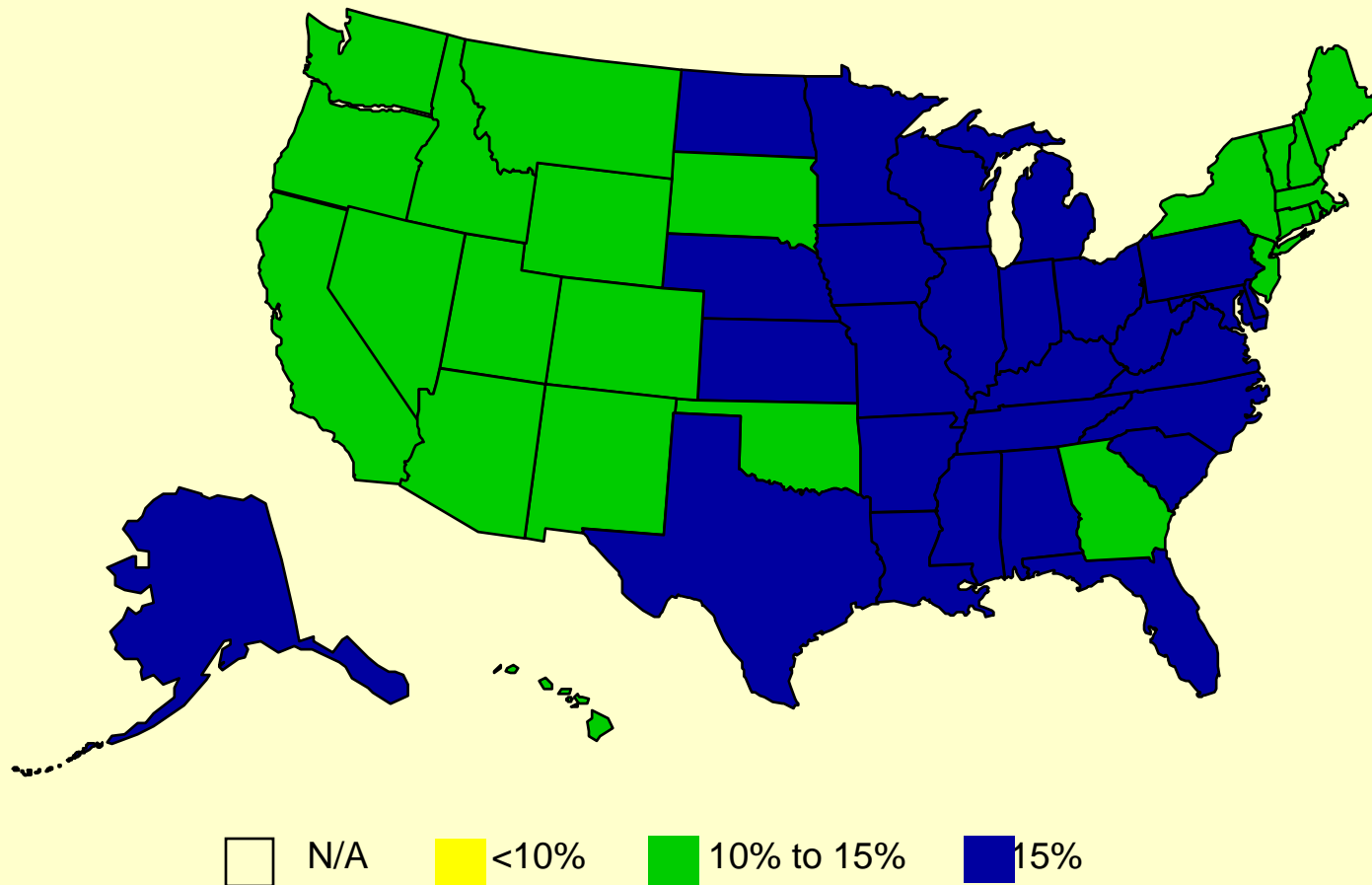


Source: Mokdad AH, et al. *J Am Med Assoc* 1999;282:16.

Prevalence of Obesity* Among U.S. Adults

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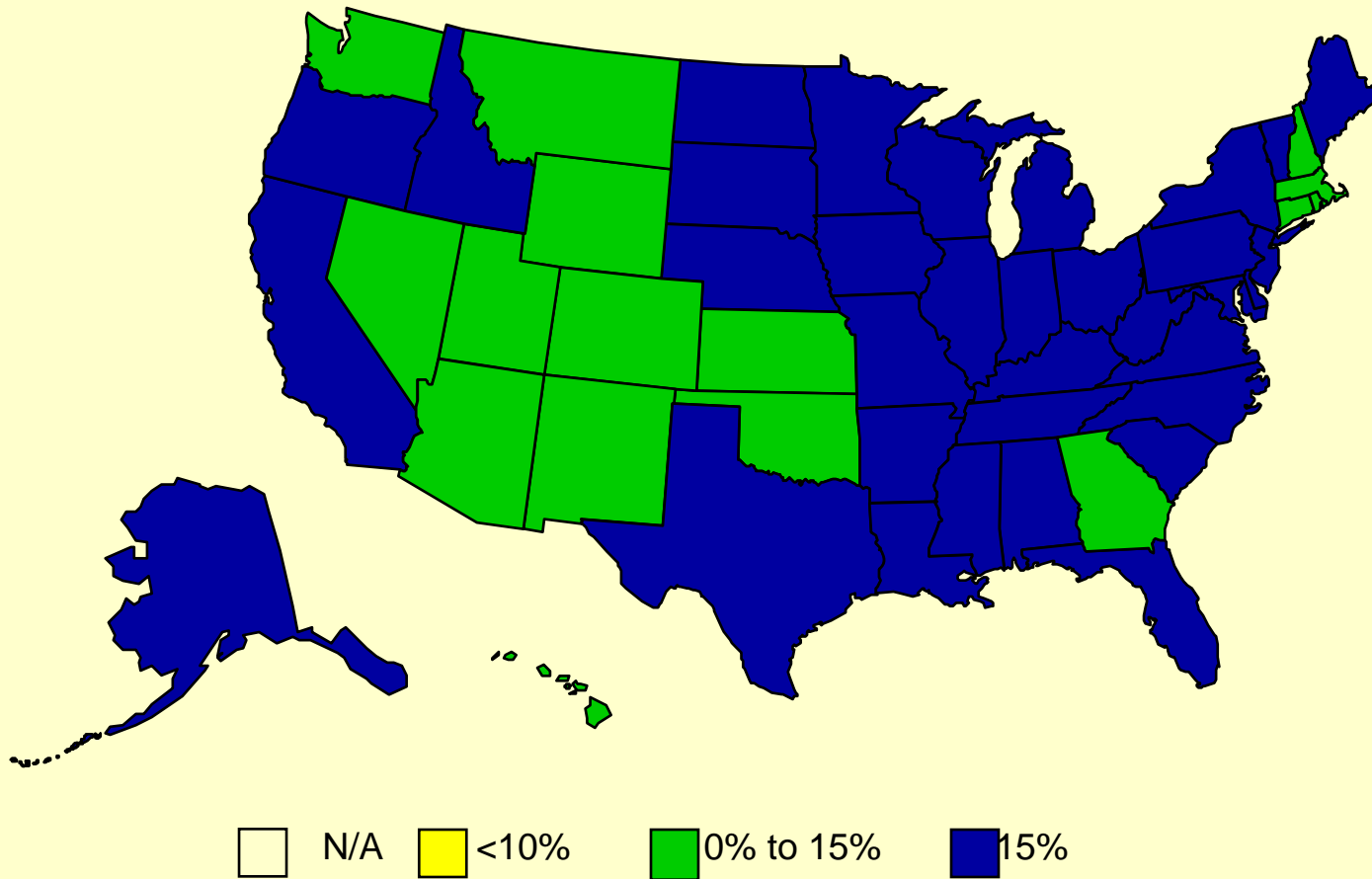


CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

Prevalence of Obesity* Among U.S. Adults

BRFSS, 1997

(*Approximately 30 pounds overweight)

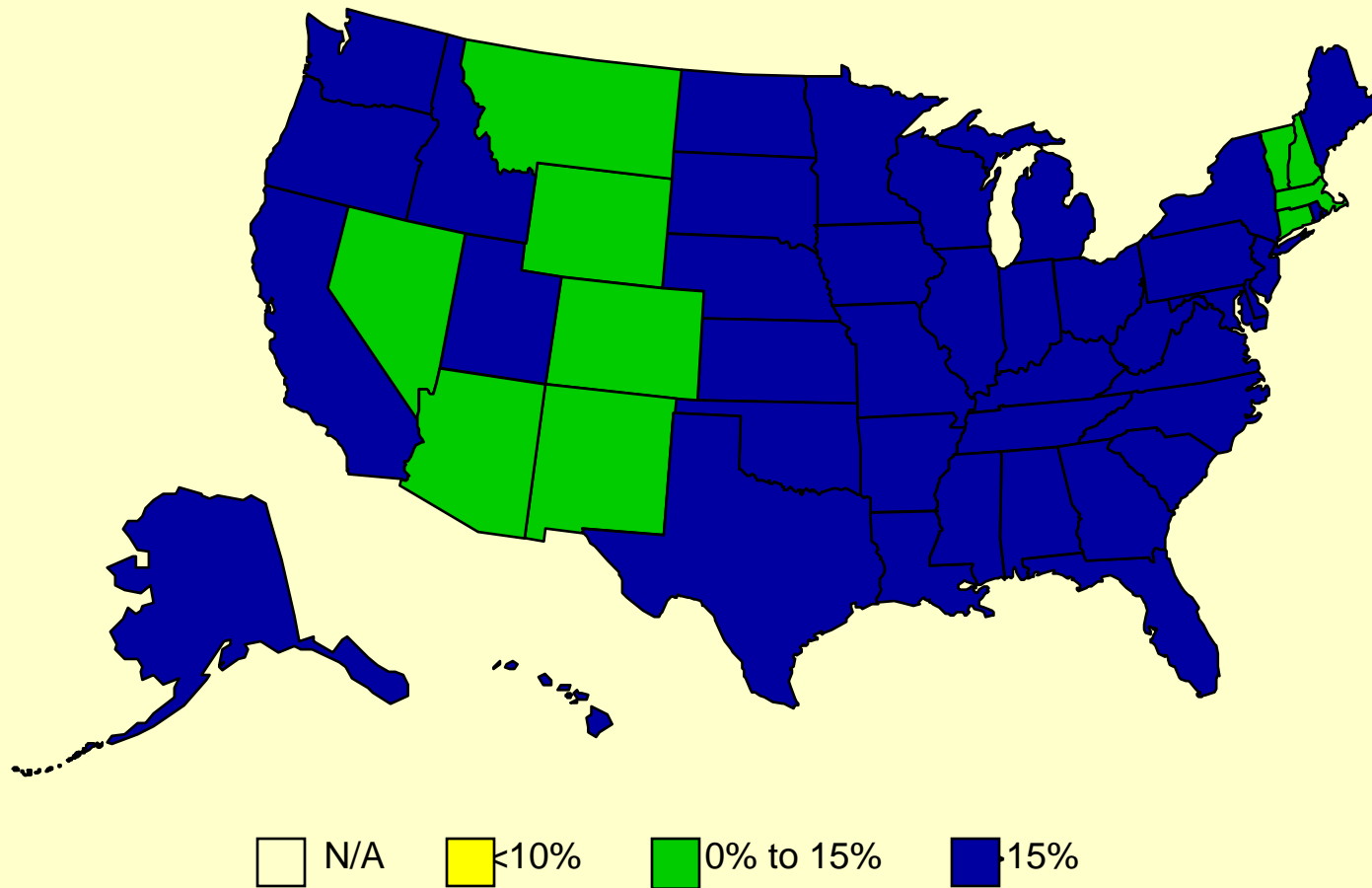


Source: Mokdad AH, et al. *J Am Med Assoc* 1999;282:16.

Prevalence of Obesity* Among U.S. Adults

BRFSS, 1998

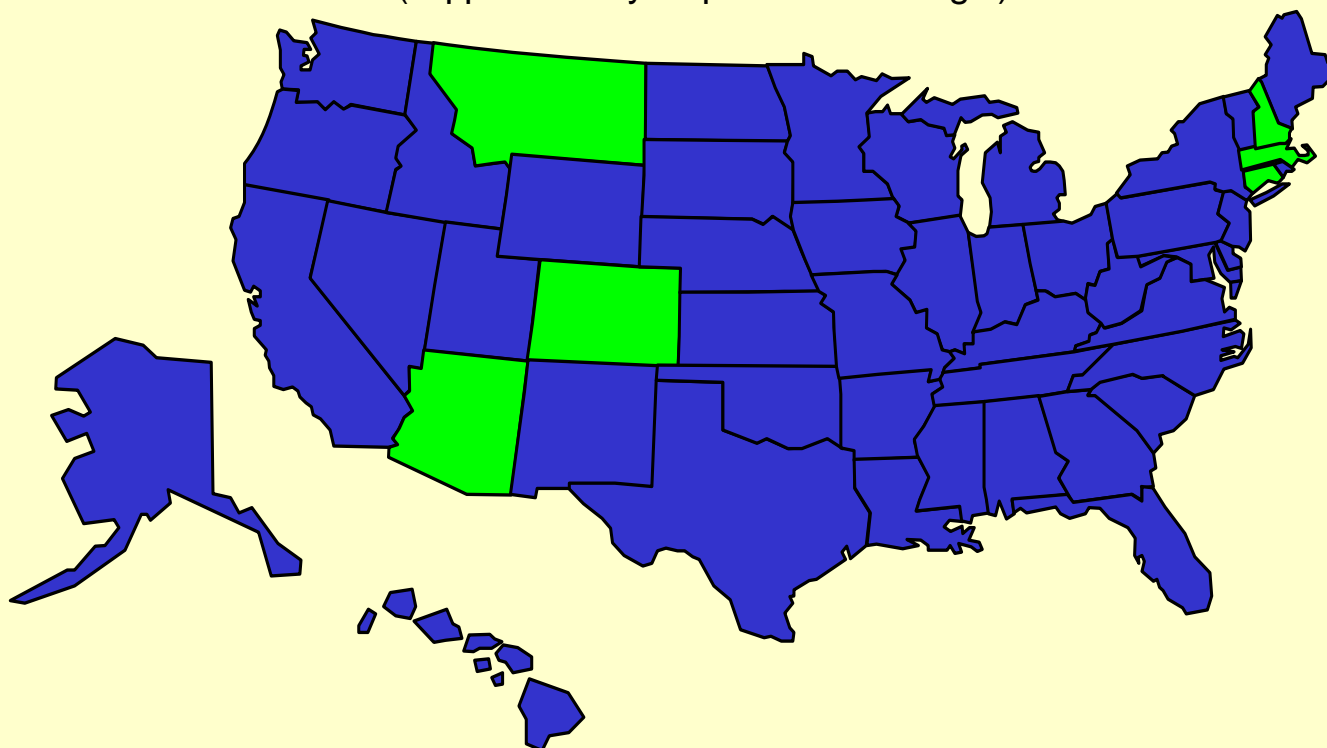
(*Approximately 30 pounds overweight)



Source: Mokdad AH, et al. *J Am Med Assoc* 1999;282:16.

Prevalence of Obesity* Among U.S. Adults **BRFSS, 1999**

(*Approximately 30 pounds overweight)



□ N/A □ <10% □ 10-15% □ >15%

Source: Mokdad A H, et al. Am Med Assoc 2000;284:13

Adverse CVD Risk Factor Levels in Children

Percent of children, aged 5-10, with 1 or more
adverse CVD risk factor levels:

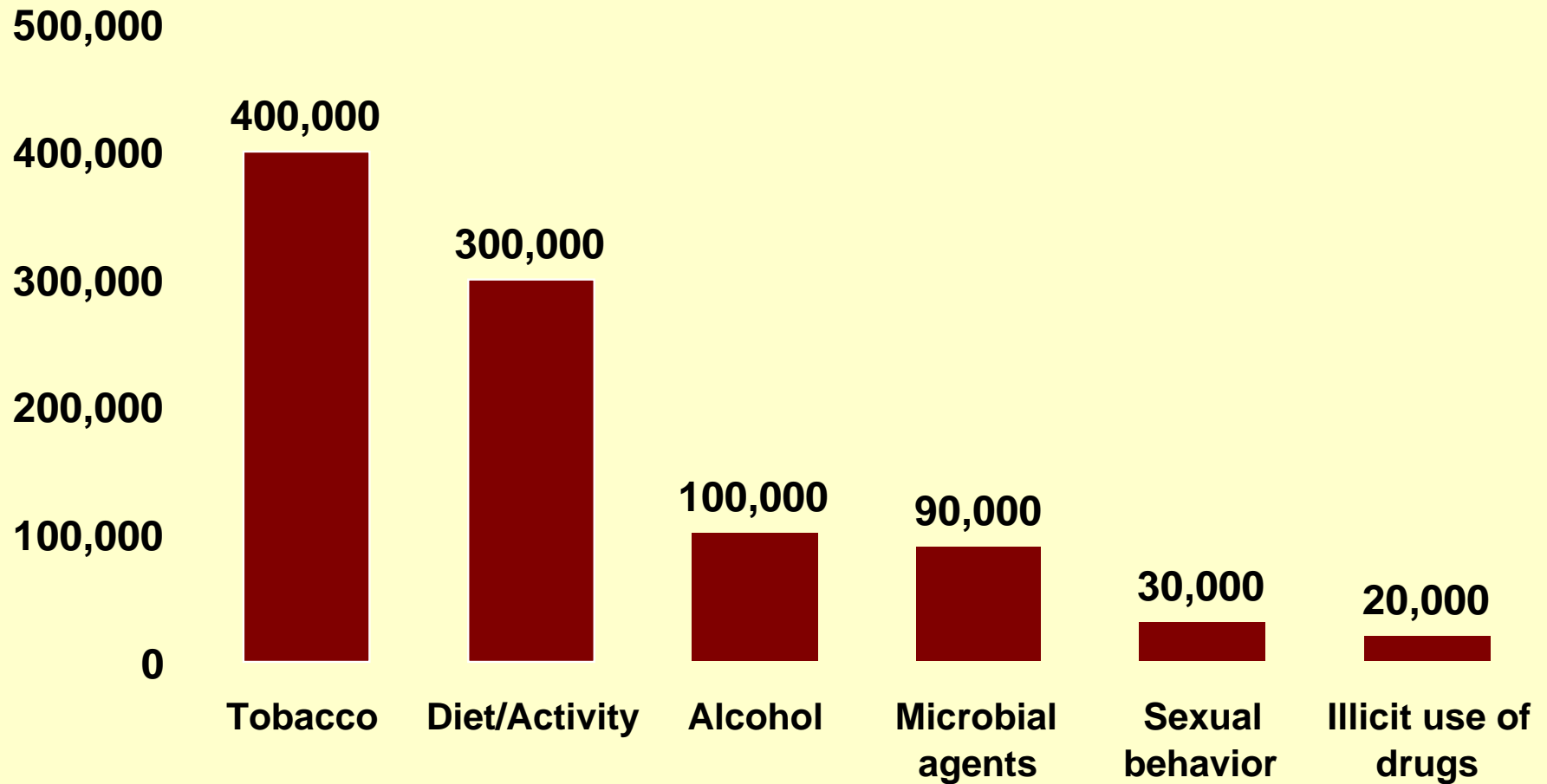
27.1%

Percent of overweight children, aged 5-10,
with 1 or more adverse CVD risk factor levels:

60.6%

Source: Freedman DS et al. Pediatrics 1999; 103:1175-82`

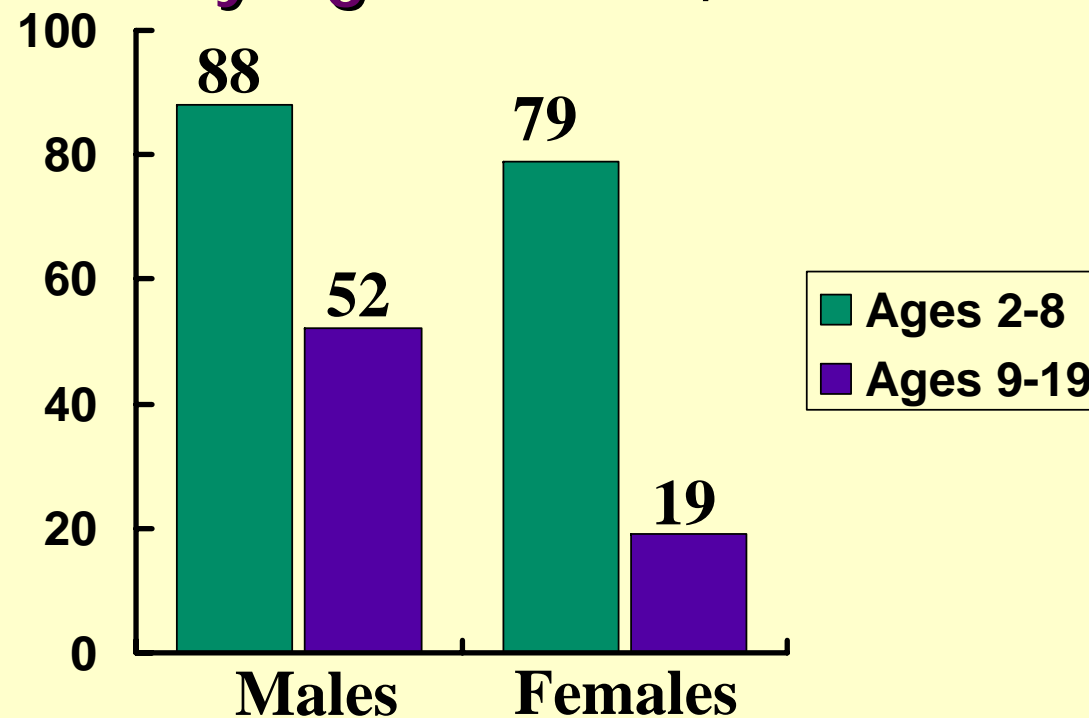
Actual Causes of Death in the United States, 1990



CDC
CENTERS FOR DISEASE CONTROL
AND PREVENTION

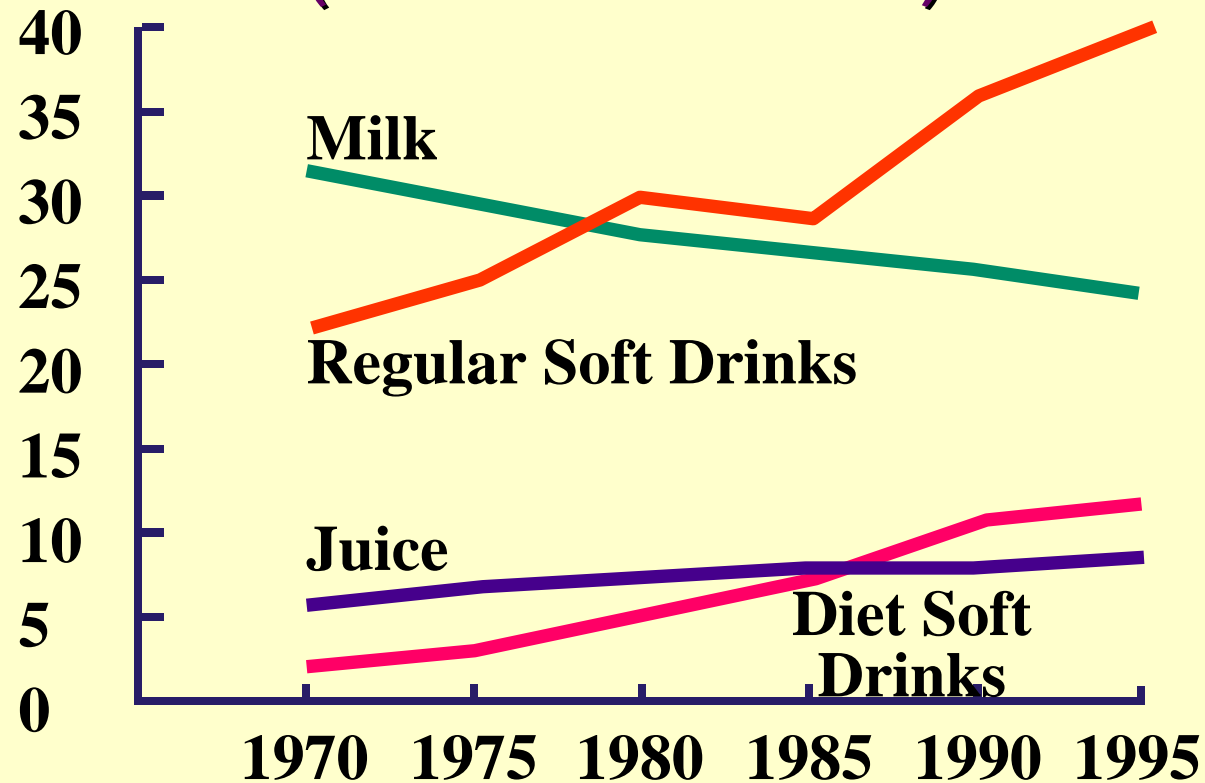
Source: McGinnis JM, Foege WH. JAMA 1993;270:2207-12.

Percentage of U.S. Youth Who Met Dietary Recommendations for Calcium Intake, by Age and Sex, 1988-94



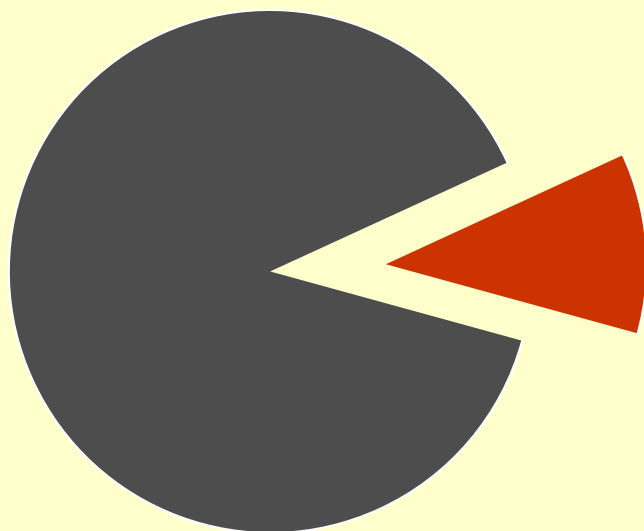
Source: National Health and Nutrition Examination Survey III, CDC

Beverages Available in the U.S. Food Supply (Gallons/Person/Year)

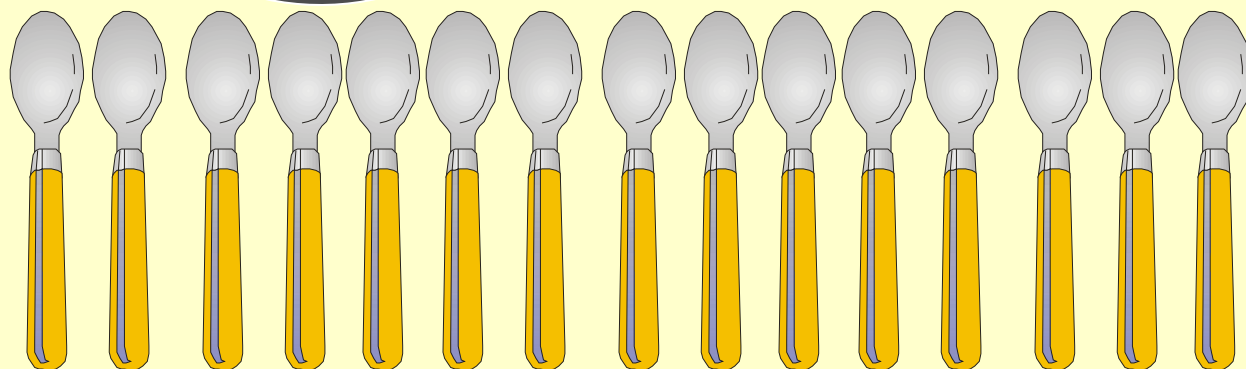


Source: U.S. Dept. of Agriculture, Economic Research Service Statistical Bulletin No. 939, 1997

On Average, Adolescents Aged 12-17 Get from Soft Drinks*:



11% of their calories



**15 teaspoons
of sugar per day**

*Soft drinks = carbonated beverages, fruit-flavored and part juice drinks, and sports drinks
Source: USDA, Continuing Survey of Food Intake by Individuals, 1994-96

Schools Can Make A Difference

**Nutrition and physical
activity are important
to students**

School Meals Initiative

- New nutrition standards for school meals
- Team Nutrition to support those standards



New Studies

- **SMI Implementation Study**
- **SNDA II Study**

**1/3 of the RDA for select
nutrients
30% of calories from fat**



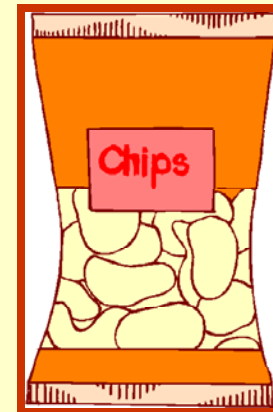
**What about
a la carte?**



**1/3 of the RDA for select
nutrients
30% of calories from fat**



**What about
vending
machines?**



It Adds Up

Consumed twice a week for 36 weeks in addition to the 1/3 RDA for calories provided by NSLP

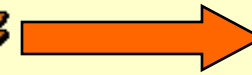
Potential increase in body weight in one school year

1/2 cup of oven french fries



2.3 lbs.

1 cup of oven french fries



4.5 lbs.

1 1/2 cup of oven french fries



7 lbs.



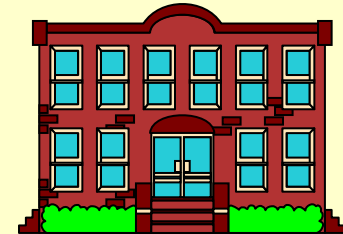
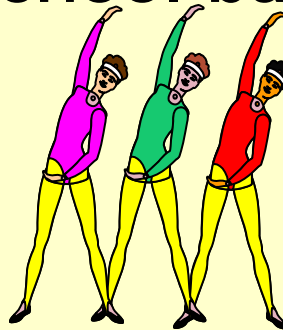
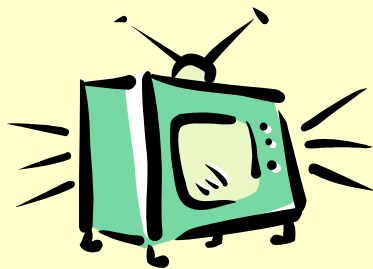
Healthy School Nutrition Environment

Be the change you want to see in the world.

Mahatma Gandhi

School-based Approaches to Treat or Prevent Obesity

- Physical education classes
- Media curricula and TV turnoffs
- Competitive foods and pouring contracts
- Comprehensive school-based interventions



Healthy School Environment:

School Venues Where Food Is Sold or Offered

- School dining room
- Vending machines and school stores
- Parties and classroom snacks
- Concession stands
- After school programs
- Fundraising activities
- Staff and parent meetings



Recommended Policies on Foods Sold or Offered Outside of the School Meal Programs

Foods or beverages shall not be sold from vending machines or school stores:

- in elementary schools;
- in middle and high schools, *during school hours / until 30 minutes after the end of the last lunch period* unless they are part of the school food service program.

Recommended Policies on Foods Sold or Offered Outside of the School Meal Programs

At all school venues where food is sold or offered, there will be:

- **Widespread availability of appealing, nutritious foods, such as fruits, vegetables, and low-fat dairy products, at attractive prices**
- **Limited availability of foods high in fat, sodium, or added sugars, such as candy, chips, and soft drinks**

Student Access to Vending Machines in Schools

**% of secondary schools with vending machines
that students could use: 78%**

- 15% of middle/junior high schools and 34% of senior high schools permitted students to use vending machines at any time¹**

**% of elementary schools with vending machines:
14%**

- 6% allowed students to use them during lunch periods²**

1 - 1994 School Health Policies and Programs Study, CDC

2 - 1992 School Nutrition Dietary Assessment Study, USDA

Pouring Rights

- **180 School Districts in 33 States**
- **31 School Districts declined contracts (in face of local protests)**

Public Health Reports - July/August 2000

What Can Be Done?

**Improve
the
School
Nutrition
Environment**

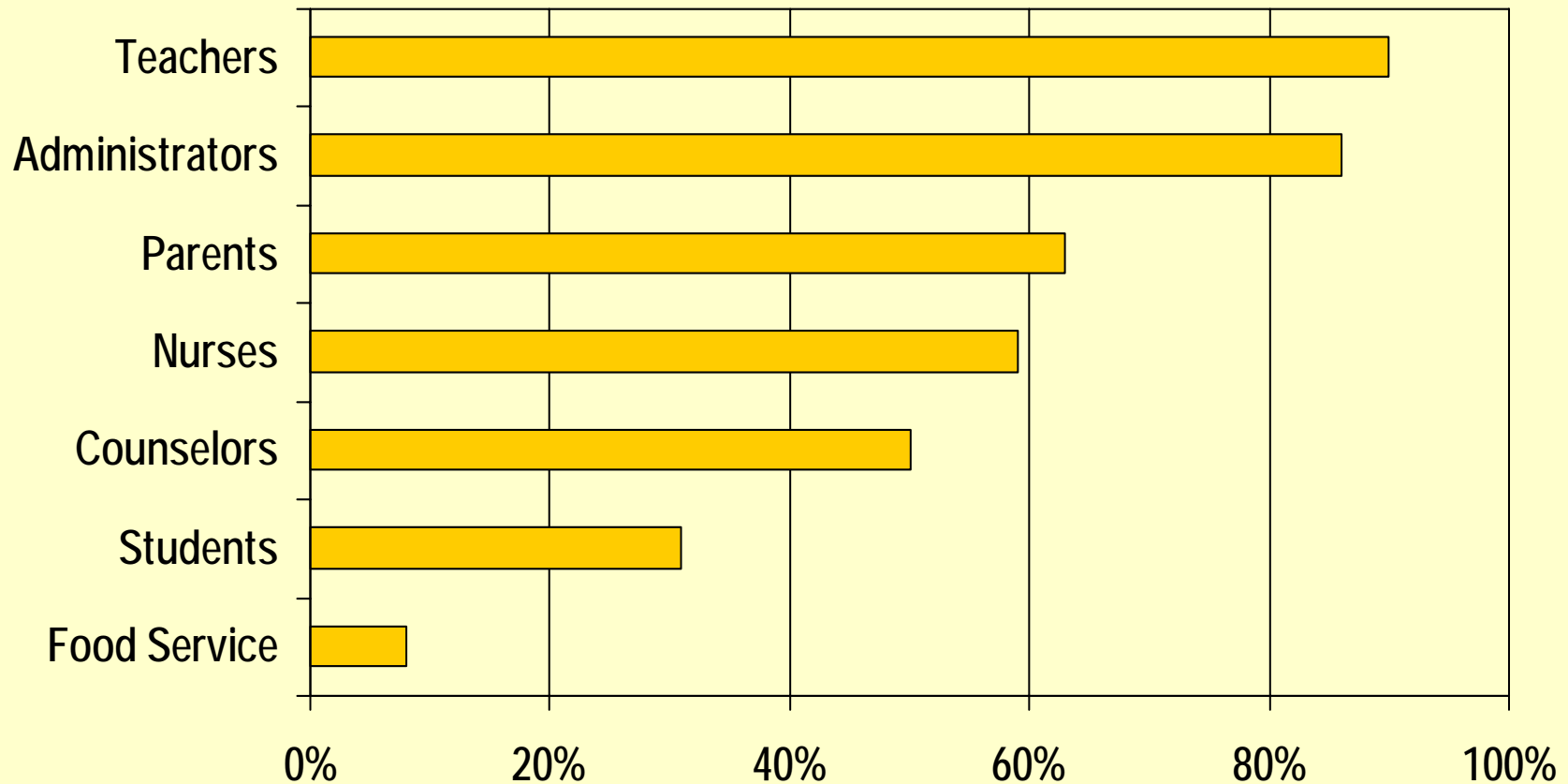


Strategies

- **Training and technical assistance**
- **Creative nutrition education for children and families**
- **Support from school and community partners**

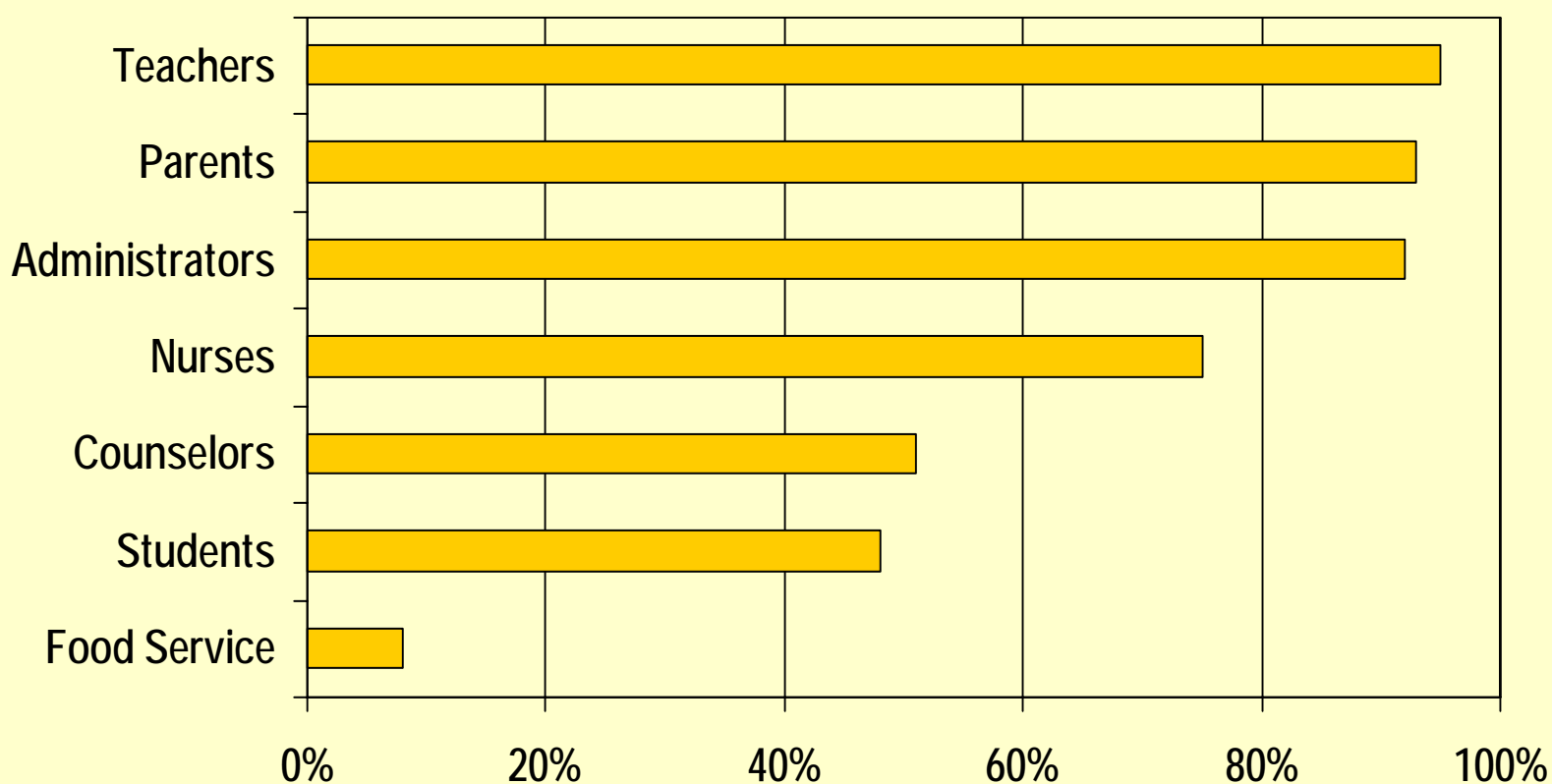


Percentage of School Health Councils* With Representation from Specific Groups, 1994



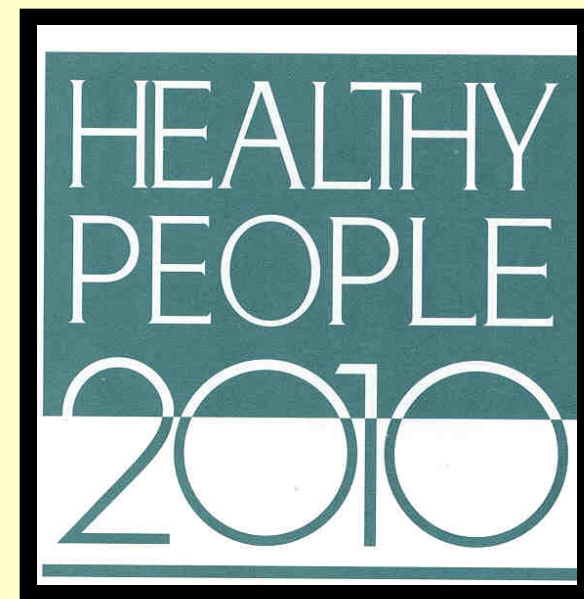
* In the 19% of middle and senior high schools with health councils
Source: CDC, School Health Policies and Programs Study

Percentage of District Health Councils* With Representation from Specific Groups, 1994



* In the 34% of school districts with health councils
Source: CDC, School Health Policies and Programs Study

**19-15 (Developmental)
Increase the proportion
of children and
adolescents age 6 to
19 years whose intake
of meals and snacks at
school contributes
proportionally to good
overall dietary quality.**

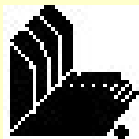




**The Missing Curriculum:
How Schools Can Influence
How Our Children Eat**

What Is A Healthy School Nutrition Environment?

Call to Action



AMERICAN DIETETIC ASSOCIATION
"Your best to nutrition and health."TM



**American Academy
of Family Physicians**



**National
Medical
Association**



American Academy of Pediatrics



USDA UNITED STATES DEPARTMENT OF
AGRICULTURE



C A L L T O A C T I O N

Healthy School Nutrition Environments: Promoting Healthy Eating Behaviors

The American Academy of Family Physicians, American Academy of Pediatrics, American Dietetic Association, National Hispanic Medical Association, National Medical Association, and the U.S. Department of Agriculture (USDA) call on schools and communities to recognize the health and educational benefits of healthy eating and the importance of making it a priority in every school. At the same time, the associations are encouraging their members to provide leadership in helping schools promote healthy eating for our Nation's children. Establishment of local policies that create a supportive nutrition environment in schools will provide students with the skills, opportunities, and encouragement they need to adopt healthy eating patterns.

Prescription for Change:

Ten Keys to Promote Healthy Eating in Schools

Ten keys have been developed to assist each school community in writing its own prescription for change.

- ☐ Students, parents, educators and community leaders will be involved in assessing the school's eating environment, developing a shared vision and an action plan to achieve it.
- ☐ Adequate funds will be provided by local, state and federal sources to ensure that the total school environment supports the development of healthy eating patterns.
- ☐ Behavior-focused nutrition education will be integrated into the curriculum from pre-K through grade 12. Staff who provide nutrition education will have appropriate training.
- ☐ School meals will meet the USDA nutrition standards as well as provide sufficient choices, including new foods and foods prepared in new ways, to meet the taste preferences of diverse student populations.
- ☐ All students will have designated lunch periods of sufficient length to enjoy eating healthy foods with friends. These lunch periods will be scheduled as near the middle of the school day as possible.
- ☐ Schools will provide enough serving areas to ensure student access to school meals with a minimum of wait time.
- ☐ Space that is adequate to accommodate all students and pleasant surroundings that reflect the value of social aspects of eating will be provided.
- ☐ Students, teachers and community volunteers who practice healthy eating will be encouraged to serve as role models in the school dining areas.
- ☐ If foods are sold in addition to National School Lunch Program meals, they will be from the five major food groups of the Food Guide Pyramid. This practice will foster healthy eating patterns.
- ☐ Decisions regarding the sale of foods in addition to the National School Lunch Program meals will be based on nutrition goals, not on profit making.



American Academy of Pediatrics



AMERICAN DIETETIC ASSOCIATION
"Your link to nutrition and health."

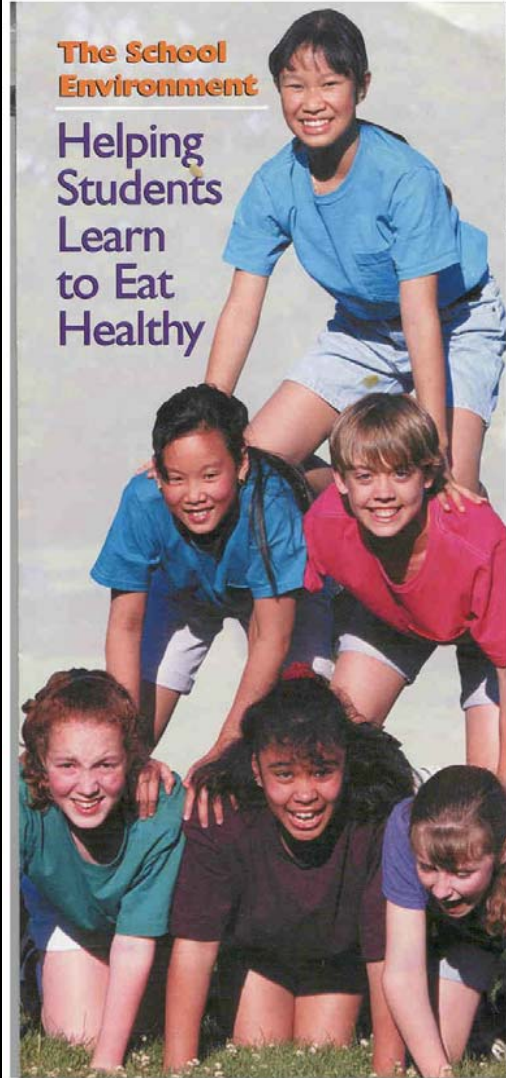




CHANGING THE SCENE

The School
Environment

Helping
Students
Learn
to Eat
Healthy



Components

- **A Commitment to Nutrition and Physical Activity**
- **Quality School Meals**
- **Other Healthy Food Options**
- **Pleasant Eating Experiences**
- **Nutrition Education**
- **Marketing**

CHANGING THE SCENE



It's Time To Act!

- **Changes need to be made**
- **Make a commitment now**
- **Join our team**



SUCCESTALK

**(successtalk@nal.usda.
gov)**





Nutrition Program? Welfare Program?

1979 To 1999

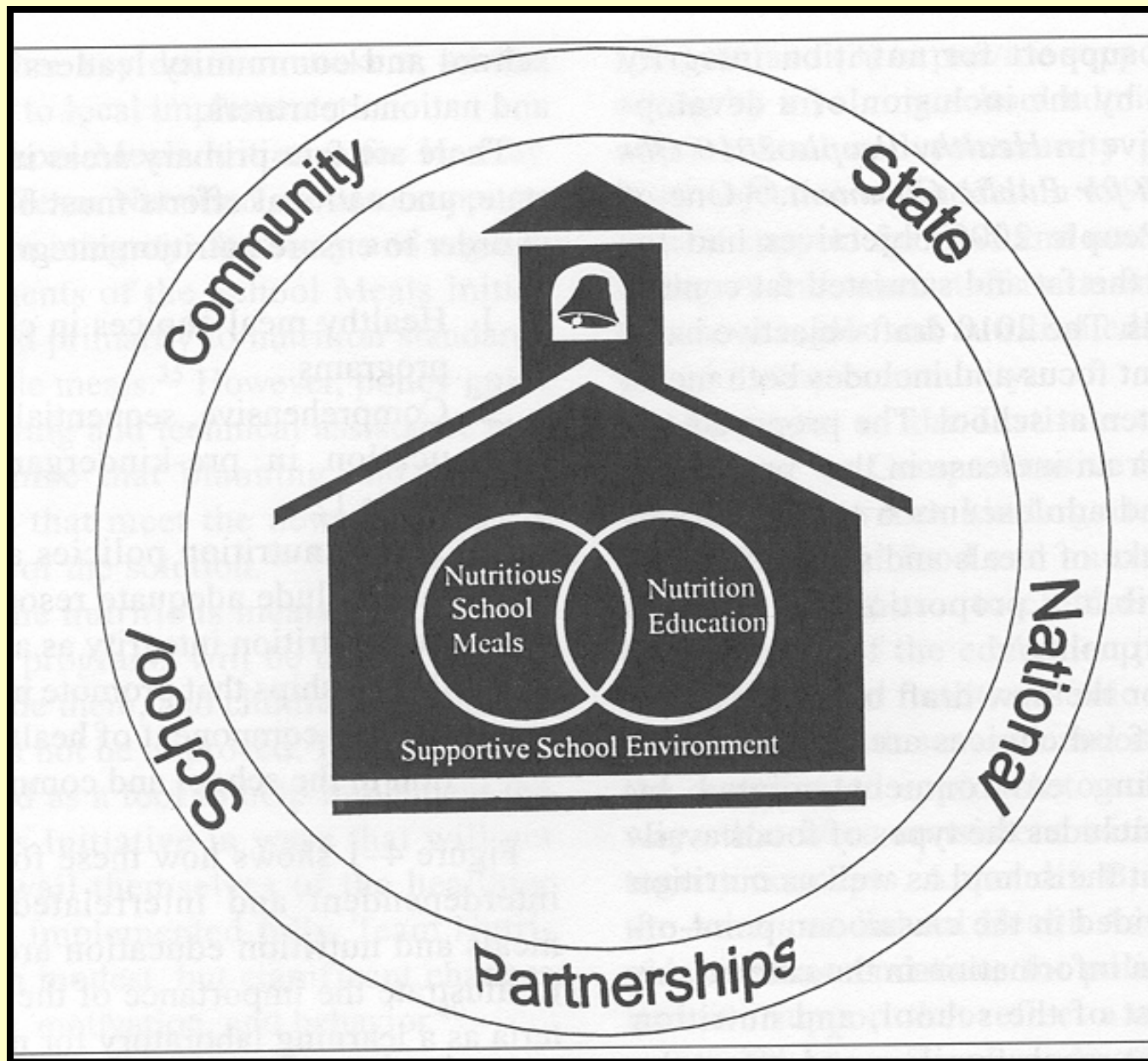
- **Enrollment** Up 6.8%
- **Participation** Down 1.2%
- **# Certified FRP** Up 36%
- **FRP Participation** Up 27%
- **Paid Participation** Down 24%

Participation Rates

Change in Percentage Points

1979 To 1999

- **FRP** **-5.4**
- **Paid** **-9.3**
- **Total** **-4.5**



Managing Child Nutrition Programs: Leadership for Excellence
Aspen Publishers, 1999





**Understanding and
Improving Health**

Goal 1:

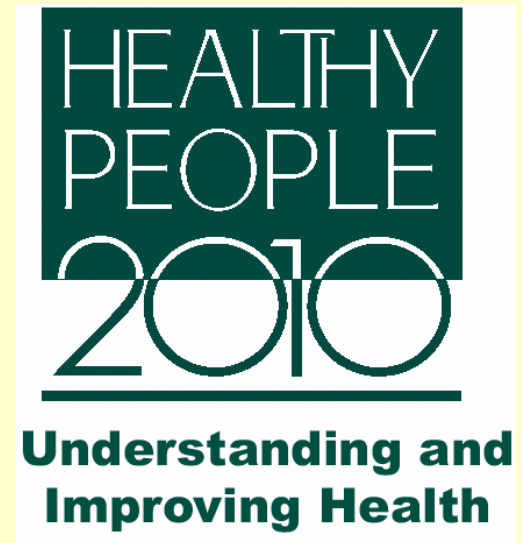
**Increase Quality and Years of
Healthy Life**

Goal 2:

Eliminate Health Disparities

Leading Health Indicators

- **Physical Activity**
- **Overweight and obesity**
- **Tobacco use**
- **Substance abuse**
- **Responsible sexual behavior**
- **Mental health**
- **Injury and violence**
- **Environmental quality**
- **Immunization**
- **Access to health care**



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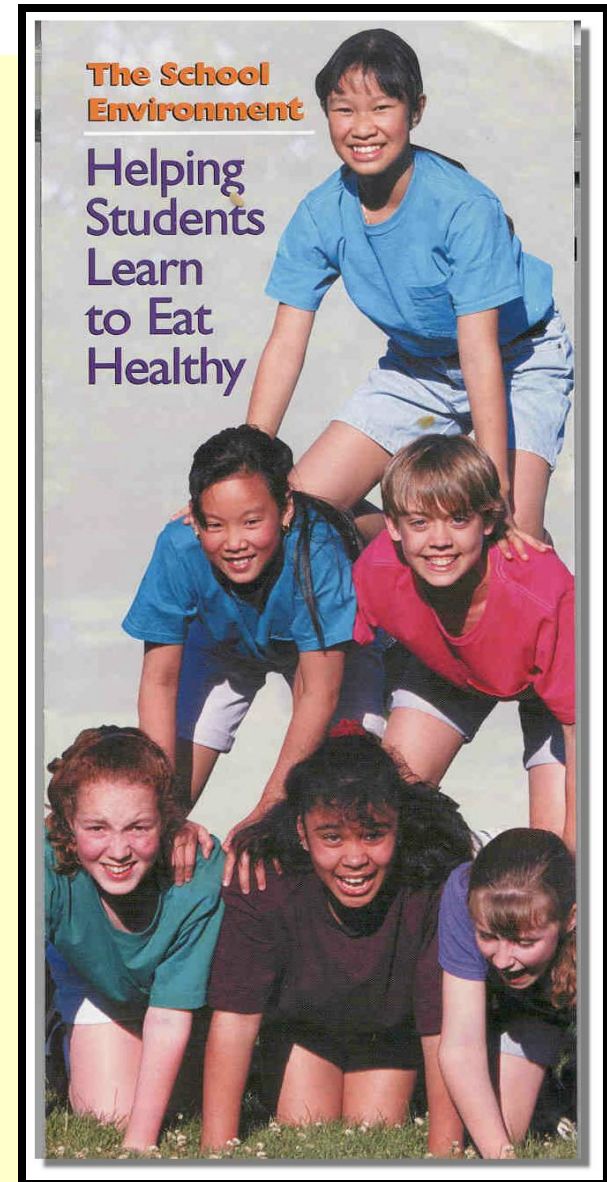
CVS
Advertisement
Washington Post
June 18, 2000

Eating is one of life's great pleasures



Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has.

Margaret Mead





**"Don't be afraid to take a big step
if one is indicated. You can't
cross a chasm in two small
jumps."**

**David Lloyd George
Former British Prime Minister**